

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-005947

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 116

Primary Registration District No. 3020

Registrar's No. 39

FILED FEB 25 1963

1. PLACE OF DEATH

a. COUNTY Franklin

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Washington

Length of stay in 1b  
1 day

c. CITY  
OR TOWN

Inside Limits  
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION ST. FRANCIS Hosp.

Inside Limits  
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)  
Chamois, Mo., RFD

Reside on Farm  
Yes ☒ No ☐

3. NAME OF DECEASED  
(Type or print)

First Middle Last  
FLORA AUGUSTA LOUISE REDDEN

4. DATE OF DEATH  
Month Day Year  
FEBRUARY 14, 1963

5. SEX  
Female

6. COLOR OR RACE  
White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH  
17 Jan 1909

9. AGE (last birthday)  
54

IF UNDER 1 YEAR  
Months Days Hours Min.  
IF UNDER 24 HR

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
House wife

10b. KIND OF BUSINESS OR INDUSTRY  
Own home

11. BIRTHPLACE (City and state or country)  
Cooper Hill, Mo.

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

Ferdinand Fredreick

13b. MOTHER'S MAIDEN NAME

Margarette David

14. NAME OF HUSBAND OR WIFE

John L. Redden

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of)

No

16. SOCIAL SECURITY NO.

17. INFORMANT  
John L. Redden

Address  
Chamois, Mo.

18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

*Melanotic Carcinoma of Abdominal Uterus  
Metastases Adeno Car Jovany*

INTERVAL BETWEEN ONSET AND DEATH  
*unknown*

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

*Deploratory Surgery of Cervix 7-14-63*

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT ☐

SUICIDE ☐

HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY  
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐  
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 12-12-62 to 2-14-63 and last saw her alive on 2-14-63  
Death occurred at 9:15 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

*Chas A. Smith M.D.*

22b. ADDRESS

*Gerald M. O*

22c. DATE SIGNED  
2-16-63

23a. BURIAL, CREMATION, REMOVAL (Specify)  
burial

23b. DATE  
17 Feb 1963

23c. NAME OF CEMETERY OR CREMATORY  
Oklahoma Church of Christ

23d. LOCATION (City, town, or county)  
Osage County, Mo.

24. FUNERAL DIRECTOR

Clyde Morton, Linn, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

2/20/63

26. REGISTRAR'S SIGNATURE

*Leola C. Hudman*

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

0365  
20760

3

4 1

5 1

6

7 0

8 2

9 175.0

10

11

12 2-0

13 5-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Vernon M. Morton

Licensed Embalmer No.

4125

P. O. Address

Lin

**Note:** The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a **STUDENT**, he also shall sign in his **OWN** handwriting.

If this body is not embalmed, fact should be so stated above.